County: Sheboygan MEADOW VIEW MANOR NURSING HOME 3613 SOUTH 13TH STREET SHEBOYGAN 53081 Phone: (920) 458-404

SHEBOYGAN 53081 Phone: (920) 458-4040 Ownership: Corporation Operated from 1/1 To 12/31 Days of Operation: 366 Highest Level License: Skilled Operate in Conjunction with Hospital? No Operate in Conjunction with CBRF? Number of Beds Set Up and Staffed (12/31/00): 74 Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/00): 74 Average Daily Census: 66 Number of Residents on 12/31/00: 63

**************************************	****	U3 *************	******	******	******	*********	******
Services Provided to Non-Residents	3	Age, Sex, and Primary Diagn	osis of	Residents (12/3	31/00)	Length of Stay (12/31/0	0) %
Home Health Care Supp. Home Care-Personal Care Supp. Home Care-Household Services Day Services Respite Care Adult Day Care Adult Day Health Care Congregate Meals Home Delivered Meals Other Meals Transportation Referral Service Other Services Provide Day Programming for Mentally Ill Provide Day Programming for	No No No No No No No No No	Primary Diagnosis Developmental Disabilities Mental Illness (Org./Psy) Mental Illness (Other) Alcohol & Other Drug Abuse Para-, Quadra-, Hemiplegic Cancer Fractures Cardiovascular Cerebrovascular Diabetes Respiratory Other Medical Conditions	% 1. 6 14. 3 6. 3 0. 0 0. 0 1. 6 30. 2 17. 5 9. 5 1. 6 15. 9	Age Groups Under 65 65 - 74 75 - 84 85 - 94 95 & Over 65 & Over Sex Mal e Femal e	1. 6 9. 5 36. 5 39. 7 12. 7 100. 0 98. 4	Less Than 1 Year 1 - 4 Years More Than 4 Years ****************** Full-Time Equivale Nursing Staff per 100 1	46. 0 36. 5 17. 5 100. 0 **********************************
Devel opmentally Disabled ************************************	No *****	 ************	******	 ********	100.0	 ************	*****

Method of Reimbursement

	Medicare (Title 18)			(Medicaid (Title 19)			Other Priva		ri vate	vate Pay		Manageo	d Care		Percent	
			Per Die	em		Per Die	m		Per Die	m		Per Dien	n	Ŭ	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	%	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Skilled Care	9	100.0	\$220.33	30	83. 3	\$99. 70	0	0. 0	\$0.00	17	94. 4	\$121.00	0	0. 0	\$0.00	56	88. 9%
Intermedi ate				6	16. 7	\$82.65	0	0.0	\$0.00	1	5.6	\$117.00	0	0.0	\$0.00	7	11. 1%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj		0.0	\$0. 00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0%
Venti l ator- Depender	nt 0	0.0	\$0. 00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	9	100.0		36 1	100.0		0	0.0		18	100.0		0	0.0		63	100.0%

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	of Residents'	Condi ti	ons, Servi ces	, and Activities as of	12/31/00
beaths burning keporting remod				 %	Needi ng		Total
Percent Admissions from:		Activities of	%		istance of	% Totally	Number of
Private Home/No Home Health	5.4	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	0. 0	Bathi ng	0. 0		84. 1	15. 9	63
Other Nursing Homes	4. 5	Dressi ng	14. 3		74. 6	11. 1	63
Acute Care Hospitals	88. 3	Transferring	19. 0		71. 4	9. 5	63
Psych. HospMR/DD Facilities	0. 0	Toilet Use	17. 5		73. 0	9. 5	63 63
Rehabilitation Hospitals	0. 0	Eating	60. 3		38. 1	1. 6	63
Other Locations	1.8	*************	******	*****	*********	********	******
Total Number of Admissions	111	Continence		%	Special Trea	tments	%
Percent Discharges To:		Indwelling Or Extern	al Catheter	4.8	Recei vi ng	Respiratory Care	3. 2
Private Home/No Home Health	13. 8	Occ/Freq. Incontinen		63. 5		Tracheostomy Care	1. 6
Private Home/With Home Health	18. 3	Occ/Freq. Incontinen	t of Bowel	39. 7	Recei vi ng	Suctioning	1. 6
Other Nursing Homes	7. 3	1				Ostomy Care	0. 0
Acute Care Hospitals	2. 8	Mobility			Recei vi ng	Tube Feeding	1. 6
Psych. HospMR/DD Facilities	0. 0	Physically Restraine	ed	1.6	Recei vi ng	Mechanically Altered Di	iets 38.1
Rehabilitation Hospitals	0. 0				8	J	
Other Locations	9. 2	Skin Care			Other Reside	ent Characteristics	
Deaths	48. 6	With Pressure Sores		9. 5	Have Advar	ce Directives	84. 1
Total Number of Discharges		With Rashes		1.6	Medi cati ons		
(Including Deaths)	109					Psychoactive Drugs	46. 0

		Ownershi p:		Bed	Si ze:		ensure:		
	Thi s	This Proprietary		50-	. 99	Ski l	led	Al l	
	Facility	acility Peer Group		Peer	Group	Peer Group		Faci l	ities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	89. 2	82. 5	1.08	87. 3	1. 02	84. 1	1.06	84. 5	1.06
Current Residents from In-County	100	83. 3	1. 20	80. 3	1. 24	83. 5	1. 20	77. 5	1. 29
Admissions from In-County, Still Residing	26. 1	19. 9	1. 31	21. 1	1. 24	22. 9	1. 14	21. 5	1. 21
Admissions/Average Daily Census	168. 2	170. 1	0. 99	141. 8	1. 19	134. 3	1. 25	124. 3	1. 35
Discharges/Average Daily Census	165. 2	170. 7	0. 97	143. 0	1. 16	135. 6	1. 22	126. 1	1. 31
Discharges To Private Residence/Average Daily Census	53. 0	70.8	0. 75	59. 4	0. 89	53. 6	0. 99	49. 9	1.06
Residents Receiving Skilled Care	88. 9	91. 2	0. 97	88. 3	1.01	90. 1	0. 99	83. 3	1.07
Residents Aged 65 and Older	98. 4	93. 7	1. 05	95. 8	1.03	92. 7	1.06	87. 7	1. 12
Title 19 (Médicaid) Funded Residents	57. 1	62. 6	0. 91	57. 8	0. 99	63. 5	0. 90	69. 0	0.83
Private Pay Funded Residents	28. 6	24. 4	1. 17	33. 2	0.86	27. 0	1.06	22. 6	1. 26
Developmentally Disabled Residents	1. 6	0.8	2.06	0. 7	2. 17	1. 3	1. 26	7. 6	0. 21
Mentally Ill Résidents	20. 6	30. 6	0. 67	32. 6	0. 63	37. 3	0. 55	33. 3	0. 62
General Medical Service Residents	15. 9	19. 9	0. 80	19. 2	0.83	19. 2	0. 83	18. 4	0.86
Impaired ADL (Mean)	44. 1	48. 6	0. 91	48. 3	0. 91	49. 7	0.89	49. 4	0.89
Psychological Problems	46. 0	47. 2	0. 98	47. 4	0. 97	50. 7	0. 91	50. 1	0. 92
Nursing Care Required (Mean)	7. 1	6. 2	1. 16	6. 1	1. 18	6. 4	1. 11	7. 2	1.00